|    | DOCUMENT NO. | DATE | COUNTRY | CLASS | SUBCLASS | TRANSLA<br>TION<br>YES | <br>NO |
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| AH |              |      |         |       |          |                        |        |

## OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, Etc.)

| Ø~    | AI          | Π            | iButton Manual dated August 12, 1997                                                            |
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citation if not in conformance and not considered. Include copy of this form with next communication to applic

| تعريب                                                                  | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PE JC135           | TOPRIO       | <b>.</b> | •              |                                 | •                                |       |         |                          | SHEET 1                  | OF_1      |
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|                                                                        | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NA TAN             | EN AN        |          |                |                                 | ·                                |       |         |                          |                          | - <u></u> |
| SUBSTITUTE FORM PTO-1449  U.S. DEPARTMENT OF COMMERCE                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |              |          |                | ATTY. DOCKET NO.<br>99-40292-US |                                  |       |         | SERIAL NO.<br>09/481,577 |                          |           |
| Π                                                                      | VFOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MATION E           | DISC         | LOSURE ( | CITATION       |                                 |                                  |       |         |                          |                          |           |
|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |              |          |                |                                 | APPLICANT: Toothman, III, et al. |       |         |                          |                          |           |
|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |              |          |                |                                 | FILING DATE January 12, 2000     |       |         | GROUP 2876               |                          |           |
| U.S. PATENT DOCUMENTS                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |              |          |                |                                 |                                  |       |         |                          |                          |           |
| EXAMINER<br>INITIAL                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DOCUMENT<br>NUMBER | DATE         |          | NAME           |                                 | CLASS                            |       | SUBCLAS | SS                       | FILING DATE APPROPRIATE) | (IF       |
| Va-                                                                    | AA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5,948,040          | Sep. 7, 1999 |          | DeLorme et al. |                                 | 701/201                          |       | 701/208 | 8                        |                          |           |
| ar                                                                     | AB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5,848,373          | Dec. 8, 1988 |          | DeLorme et al. | 701/200                         |                                  | )     | 701/201 |                          | 70                       |           |
| 100                                                                    | AC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |              |          | /              |                                 |                                  |       |         | MAY 31 200 MAIL          |                          |           |
|                                                                        | AD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |              |          |                |                                 |                                  |       |         | 0 3                      |                          |           |
|                                                                        | AE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |              |          |                |                                 |                                  |       |         | AL                       | 7 2 日                    |           |
| FOREIGN PATENT DO                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |              |          |                |                                 | 2                                |       |         |                          |                          |           |
|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DOCUMENT NO. DA    |              | DATE     | COUNTRY        |                                 |                                  | CLASS | SUB     | CLASS                    | TRANSLATION<br>YES       | –<br>NO   |
|                                                                        | AF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |              |          | /              |                                 |                                  |       |         |                          |                          |           |
| OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Pages, Etc.) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |              |          |                |                                 |                                  |       |         |                          |                          |           |
|                                                                        | AG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |              |          |                |                                 |                                  |       | -       |                          |                          |           |
|                                                                        | AH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <del> </del>       |              |          |                |                                 |                                  |       |         |                          |                          |           |
| EXAMINER                                                               | AMINER LA CARLO COLOR CO |                    |              |          |                | DATE CONSIDERED 9/22/02         |                                  |       |         |                          |                          |           |

EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.